

South Dakota Board of Nursing

South Dakota Department of Health
722 Main Street, Suite 3; Spearfish, SD 57783
(605) 642-1388; Fax: (605)642-1389; www.state.sd.us/doh/nursing

Nurse Aide **Application for** *Re-Approval* **of Training Program**

All Nurse Aide (NA) Training Programs in South Dakota must be approved by the South Dakota Board of Nursing pursuant to ARSD 44:04:18:15. Approval status is granted for a two-year period. Written approval or denial of approval will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

South Dakota Board of Nursing 722 Main Street, Suite 3 Spearfish, SD 57783						
Name of Institution: Bethesd	a Ho	me.				
Address: 129 W Hwy 12 Webster SD 5	57274	2.16	7275			
Phone Number: 345 - 3331	NACONOMINA GRAZAGO	umber: 345)-33×3	hora		
E-mail Address of Faculty: dawn wis	asnieus	slie Sant	orchialt			
Select option(s) for Re-Approval: Request re-approval without changes to procurriculum 1. List personnel and licensure information 2. Complete evaluation of the curriculum Request re-approval with faculty changes at 1. List personnel and licensure information 2. Complete evaluation of the curriculum 3. Submit documentation to support reques 1. List Personnel and Licensure Information Program Coordinator must be a registered provision of long-term care services. The Direct but may not perform training while serving as	and/or curriculested curriculemation: d nurse with	ulum changes iculum vitas, resumum changes - No	experience, at lea	y for new personnel Lium Changes ast one of which is in the		
RN LICENSE						
Name of Program Coordinator	State	Number	Expiration Date	Verification (Completed by SDBON)		
If requesting new Program Coordinator, attach curriculum vita, resume, or work history						
Primary Instructor must be a licensed nurse provision of long-term care services. The primary instructor must be a licensed nurse provision of long-term care services.	(DM or I DM)	with 2 years nursing is the actual teach	ng experience, at ner of course mate	andi. (AROD 1110 1120111)		
	RN OR LPN LICENSE State Number Expiration Verification					
Name of Primary Instructor	State	Number	Expiration Date	(Completed by SDBON)		
Donna Kurashicuski	SD	RO26397	109/01/2014	Som		

☐ If requesting new Primary Instructor, attach curriculum vita, resume, or work history, and attach documentation supporting previous experience in teaching adults within the past five years or documentation of completing a course in the instruction of adults.

Supplemental Personnel may assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12) *If requesting new Supplemental Personnel*, attach curriculum vita, resume, or work history.



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	LICENSURE/REGISTRATION				
Supplemental Personnel & Credentials	State	Number	Expiration Date	Verification (Completed by SDBON)	

2. Complete Evaluation of the Curriculum: Indicate compliance relative to each standard during the previous two years. Explain any "no" responses on a separate sheet of paper. (Pursuant to ARSD 44:04:18 07, the Department of Health may conduct an unannounced on-site visit to determine compliance with requirements.)

Standard		Yes	No
	Program was no less than 75 hours.	X	
•	Provided minimum 16 hours of instruction prior to students having direct patient contact.	×	
•	s in the structure instruction, instructor ratio did not exceed 8	X	
•	Provided instruction on each content area (see ARSD 44:04:18:15):	×	
	Basic nursing skills	<u> </u>	
	Personal care skills	X	
	Mental health and social services	×	
	Care of cognitively impaired clients	X	
	Basic restorative nursing services		
	Residents' rights		<u> </u>
•	Students did not perform any patient services until after the primary instructor found the student to be competent	X	
	Students only provided patient services under the supervision of a licensed nurse		
•	Your agency maintains a 75% pass rate of students on the competency evaluation (written and skills exam taken through the SD Healthcare Association).	X	

Submit Documentation to Support Requested Curriculum Changes: NO Chiriquan Changes 2009 Name of Course (if applicable): A variety of teaching methods may be utilized in achieving the classroom instruction such as independent study, video instruction, and online instruction. ☐ Submit reference list of teaching materials utilized (include name of book or resource, publisher, publication date, etc). Submit documentation that supports requirements listed in ARSD 44:04:18:15, including: ☐ Behaviorally stated objectives with measurable performance criteria for each unit of curriculum ☐ Curriculum, objectives and agenda documenting the requirements for the minimum 75 hour course as follows: A minimum of 16 hours of instruction prior to student having direct patient contact; the 16 hours must include: Communication and interpersonal skills, infection control, safety/emergency procedures, promoting residents' independence, respecting residents' rights. A minimum of 16 hours of supervised practical instruction with enough instructors to ensure safe and effective care; the instructor ratio may not exceed eight students for one instructor. Instruction in each of the following content areas (see ARSD 44:04:18:15 for more detail): Basic nursing skills (including documentation) including: vital signs; height and weight; client environment needs; recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor; and caring for dying clients; Personal care skills, including: bathing; grooming, including mouth care; dressing; toileting; assisting with eating and hydration; feeding techniques; skin care; and transfers, positioning, and turning;

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	Mental health and social services, including: developmental tasks associated with aging p dignity, and recognizing sources of emotions	responding appropriately to benaviors; awareness of process; respecting personal choices and preserving client
	Care of cognitively impaired clients, including	g: communication and techniques for addressing unique
	Basic restorative nursing services, including: eating, and dressing; range of motion; turniand training; and care and use of prosthetic	self-care; use of assistive devices in transferring; ambulation, ng and positioning in bed and chair; bowel and bladder care and orthotic devices;
	Residents' rights, including: privacy and con	fidentiality; self-determination; reporting grievances and es; security of personal possessions; promoting an , and neglect and requirement to report; avoiding restraints.
Program Coord	dinator Signature:	Athmillo Date: 5/28/14
This section to	be completed by the South Dakota Boa	rd of Nursing
Date Application	on Received:	Date Application Denied:
Date Approved		Reason for Denial:
Expiration Date		
Board Represe		
Date Notice Se	ent to Institution:	